

filled with blood-clots. Neither anatomical relations, nor size and shape of the wounds and prolapsed parts are given. Having removed the clots and washed out the parts with a 5 per cent. carbolic solution, the writer returned the viscera into the abdominal cavity, stitched the holes with an ordinary sewing needle, applied an antiseptic dressing, and fixed it with a roller bandage in order to send the patient at once to the local lazaretto. A violent septic general peritonitis set in immediately. On the 4th day the dressing and sutures were removed, a large amount of sero-purulent exudation escaping from the abdominal cavity. The subsequent treatment consisted in irrigations with a solution of corrosive sublimate (1 to 1,000), iodoform dressing, bandaging the abdomen, absolute rest on the back, and the administration of opium, valerian and wine. Up to the 6th day the patient's state seemed to be quite hopeless. But from 7th a marked improvement appeared, progressing under the influence of a nutritious diet and a careful nursing so rapidly that in a fortnight the young man was able to get up and walk for a short time daily. On the 36th day after the accident he was discharged well and strong, with his wounds firmly cicatrized and with nothing abnormal generally beyond some slight tenderness on pressure about the region of the lesions. Dr. Gedevanoff feels sure that the man's recovery should be attributed wholly to the antiseptic means employed.—*Meditsinskoië Obozreniïë*, No. 1, 1887.

**IV. Case of Stab (Knife) Wound of the Abdomen, with Protrusion of the Omentum and Bowels.** By DR. A. A. TERNOVSKY, (Russia). A peasant woman, æt. 30, of middling make and height, in the sixth month of pregnancy, left her house stealthily at about noon, and stabbed herself in the abdomen, with a large kitchen (carving) knife. She was found, with protruding omentum and bowels, in the field, not earlier than at 5 P. M. A female neighbor of hers returned the viscera into and "whipped-stitched" the skin with ordinary darning thread and needle, after which the patient could be carried home by the people on their arms. When fetched to the woman at 7 P. M., Dr. Ternovsky found that the wound, measuring about 10 cm., was situated at the middle line, beginning at the base of the ensiform cartilage

and terminating two fingers' breadth from the navel. It was clean-cut and penetrating through the thickness of the abdominal wall in a somewhat oblique direction, from the left to the right. In the region of the xiphoid process the lesion was superficial (cutaneous), but lower down it included all layers of the wall, so that at the bottom of the wound there were seen the omentum, a portion of the liver, and a portion of the stomach. Since the viscera exposed seemed to be quite intact, while, on the other hand, the woman who had stitched the wound preliminarily, emphatically assured the author that the bowels had been also uninjured and, in addition, quite clean—he limited his cleansing manipulations only to wiping the exposed viscera with a few bits of cotton wool soaked in a two per cent. carbolic solution, and then proceeded to close the whole wound with three catgut sutures (peritoneum and muscles), six deep silk ones (muscular and skin), and twelve superficial silk ones (skin alone). No drainage was inserted, in view of the absence of any haemorrhage.

The wound was then powdered with iodoform, an antiseptic dressing applied, and twenty drops of simple tincture opium (Ph. Russ.) administered internally. On the next day the patient was removed to a hospital, about five miles off, vomiting occurring on the way. During the following ten days the woman was quite free from any pain or vomiting, the morning temperature remaining normal, the evening one oscillating between  $37.6^{\circ}$  and  $38.9^{\circ}$ . On the ninth day the dressing and sutures were removed, the former proving to be quite dry, the lower three-fourths of the wound were found to be united *per primam*, while in the upper fourth the cutaneous lips were gaping, though the deeper parts showed a firm adhesion. On the eleventh day the woman began to complain of pain about the lesion, the temperature suddenly rising up to  $39^{\circ}\text{C}$ . On the twelfth, it ascended up to  $41.2^{\circ}\text{C}$ ., while the lower portion of the wound became swollen and hard, the stools, the first after the accident, being liquid and offensive. Dr. Ternovsky tore open the lower angle of the wound with a probe, but nothing escaped at the time. On the thirteenth day, however, the re-applied dressing was found to be soaked all through with purulent matter possessing a faecal odor and containing a free admixture of a bo-

vine as well as equine *dung*." A drainage tube was then introduced and an antiseptic irrigation made for two days, after which recovery progressed without any complications, the wound rapidly healed, and on the thirty-fourth day the patient was discharged in excellent health.

Analyzing his case, Dr. Ternovsky frankly expressed his regret that he, having implicitly trusted the preliminary stitcher's statements, did not make a careful and thorough toilette of the abdominal cavity, and through this neglect exposed his patient to such complications as a suppuration with a high fever.—*Meditzinskoië Obozreniï*, No. 2, 1888.

**V. Case of Stab (Knife) Wound of the Abdomen with Protrusion of the Omentum.** By Dr. ALEXEEF (Kniaginin, Russia). A peasant boy, æt. 8, when playing with a jack-knife, stabbed himself in the epigastric region. When brought to Dr. Alexeef, about a day later, a transverse clean cut wound, one-half inch long, was found one and one-half inch from the costal arch, and one inch to the right of the middle line. A (highly oedematous and congested) piece of the omentum, of the size of a walnut, was protruding from, and tightly strangulated in, the wound. Without any delay, the author washed out the parts with a solution of resorcin, divided the pedicle into two portions, ligatured each separately, cut away the tumor above the ligatures and applied an antiseptic dressing. Neither local nor general reaction was noticed. A week later the boy left, with his wound healed. He remained in best health when seen some time afterward.—*Russkaia Meditza*, No. 5, 1887, p. 95.

**VI. Case of Stab (Knife-like Ferrule) Wound of the Abdomen with Protrusion of Bowel.** By Dr. NIKOLAI I. TEZIAKOFF (Ariaja, Perm Government, Russia). A healthy, powerfully built peasant woman, æt. 53, when one night drinking *vodka* with two male neighbors, was suddenly attacked first by one of them, who thrust a staff armed with a pointed iron into her abdomen, and subsequently, after she had fallen, by both of her companions who, while continuing to deal blows, tried to strangle her. "The woman developed a most